THE JOURNAL

OF THE

NEW MEXICO MEDICAL ASSOCIATION

Published Quarterly Under Direction of the Council

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Vol. 2, No. 3 | ALBUQUERQUE, N. M., DEC. 15, 1906 | Subscription $1.00 Per Year Single Copies 25 Cents

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Published quarterly under direction of the Council on the 15th day of June, September, December, March.

Office of Publication, 200 Railroad Avenue, Barnett Block, Albuquerque

Owned and published by New Mexico Medical Association.
Subscription rate $1.00 per year.
Advertising rates on application.
Rates for reprints furnished on application.
All matter for publication must be type-written.
Address all communications to DR. G. S. MCLANDRESS Barnettt Block, Albuquerque, N. M.

EDITORIAL.

The St. Louis Medical and Surgical Journal, a purchased mouthpiece of quackery, Dr. Ohmann-Dumesnil, editor and proprietor, has ceased to warble its swan-song of the patent medicine cause. Few of us will regret its demise.

We were in hopes that Dr. Ohmann-Dumesnil would stimulate his energies to retrieve his lost standing and abandon the prostitution of his chosen profession, but he announces his absorption by another St. Louis publication, the *Medical Mirror.* In one of his articles, Mr. Adams (*Collier's Weekly*) has noted the *Mirror's* willingness to sell its editorial space to its proprietary advertisers; if this be true, it cannot have gained much by contracting with an avowed champion of the proprietary interests, and our conclusion is that it will continue to degrade its pages for anything promising pecuniary gain.

The exploiters of another so-called "ethical proprietary" have lately been scored by a report of the Council on Pharmacy and Chemistry of the A. M. A., and it is recommended that the exaggerated claims made for their product—Sulpho-Lythin—be given some publicity.

Sulpho-Lythin is sold by the Laine Chemical (?) Co., New York. We will not dwell upon the composition of the product other than to remark that it is misnamed, but would emphasize the fact that the physicians who have prescribed the above article have allowed themselves to be humbugged shamefully, by accepting instructions prof. ferred by a chemical company which cannot boast of a chemist, physician or pharmacist in its corporation. The report of the Council goes on to state: "Sulpho-Lythin is a sample of hundreds—shall we say thonsands—of so-called ethical proprietaries" that are being used by physicians; it is no worse and no better than the others. It illustrates beautifully various phases of the "ethical proprietary." They are not made under responsible and intelligent supervision. The vast majority of them are made, or at least sold (for not a few have their preparations made for them by others, as do many of the "patent medicine" vendors), by men who have absolutely no knowledge of drugs or of medicine, but who, not only presume to sell medicines of their own compoundings, but also arrogate to themselves the right to tell physicians how to treat their patients, advice which every physician with any self re-

spect would scorn to accept, did he know who gave it.

If these preparations are to be used, it is evident that some control is necessary by some authority acting in the interests of the medical profession. It ought to be evident by this time that the Council on Pharmacy and Chemistry has an important mission to perform, and that such a body was created none too soon."

On the ground that he did so to advertise himself, a St. Louis physician who drove up to mass in an automobile, was publicly assaulted by a Catholic priest in front of the church, Nov. 6th. Whether the priest's contention was right or wrong, we believe it extremely undignified in our ecclesiastical brother to so forget himself. Perhaps the physician was of the kind who likes a little dashing advertisement. We have in mind several colleagues who would rather stay away from church, because of the possibility of being called out and stand chances of having it remarked that the call was but a crude way of advertising. At any rate, we will agree that the St. Louis physician was thoroughly advertised.

CONGENITAL PHIMOSIS.

Rojansky prefers to treat a majority of his cases of congenital phimosis without the knife. His method is as follows: Irrigate the preputial sac with a weak antiseptic, preferably a 2 per cent solution of boric acid. If there is congestion or irritation, lead water should be substituted. These injections are given two or three times a day with a rubber ball syringe, holding half an ounce. The tip is inserted into the sac and the contents slowly forced out, distending the prepuce. After two or three weeks of this treatment, the prepuce can be retracted. Now use a dull probe to break up adhesions, continue the irrigations long enough so that no new adhesions can form and the cure is complete.—*Medical Council.*

TO REMOVE MOLES.

A very simple procedure will remove moles without having recourse to the knife. Shave a match or sliver to as fine a point as possible, dip in carbolic acid, and lightly touch the mole, care being taken to prevent the acid touching any portion of the skin. Apply this every three or four days, and the mole will gradually disappear, leaving its space clean and healthy.—*The Southern Clinic.*

The Cleveland News, believing that the obscene and misleading advertisements of quacks were a disgrace to any decent newspaper, assigned Mr. Stuart, a member of the *News'* staff, to investigate and expose the notorious quacks of their city. The expose of the above certainly proved interesting reading, and Mr. Stuart related his experiences in no uncertain terms.

The attitude of the *News* in the matter is deserving of the praise of every physician in the country, and especially of the medical fraternity of Ohio.

It was demonstrated that the first move of the quack was to impress his victim with his own greatness; the next move is to display swell quarters and impressive apparatus for treatment, such as X-rays and all kinds of electric apparatus, Finsen lights, etc. Then to convince the victim by deliberate lies that he is suffering from some terrible disease, usually venereal. After being convinced that he has frightened his poor victim into the belief that he is seriously ill, he names his price. Before consultation with these several quacks,

Mr. Stuart took the precaution of being examined by a number of reputable physicians, who pronounced him in the best of health; every quack had him suffering some terrible chronic disease which so nauseated the young man that he was lost for adjectives scathing enough to properly express his contempt.

Apropos of the commendable agitation against unclean advertising of the medical quacks in the lay press, the following editorial from the *Cleveland News* is timely:

"The public should demand clean advertising in newspapers. The newspapers should—and sooner or later they must—admit the reasonableness of this demand, and exclude from their advertising columns the filthy and the loathsome. No self-respecting citizen could possibly go about with a pocket full of indecent circulars, dropping one wherever he might call. Such a person would soon find himself regarded for what he was—morally unclean and a disgusting object of general suspicion. Is there any essential difference between such a man and a newspaper that befouls its columns with unclean advertisements If there is, we fail to see it. It is time that there was a public awakening of this subject, and there is bound to come such an awakening.

In these progressive days, cleanliness is an important watchword in every walk of life. The man or woman who buys goods of a mercantile establishment would not feel an impulse of self-congratulation upon receiving soiled and filthy fabrics in response to orders. The proud father of a family would resist, with all the energy of his being, and all the indignation at his command, the delivery at his home of what was purchased as a clean and pure article, yet reeked with the germs of tuberculosis, or some other equally dreaded and loathsome disease.

"There can be no reasonable discrimination between the departments of financial investment. If there could be, the verdict would align that which brings moral contamination as of far more evil import than that which contaminates inanimate materials and threatens physical ailment.

"Is it not a fact, then, that the worse menace to the home, the family, and the community in which it is received, is the foul newspaper, which, for a financial consideration, will load its columns with the germs of immorality and the filth of mental disease? The newspaper which thrusts unclean goods into the home under cover of friendship, betrays its patron's trust and disgraces its field. The foul advertisement is a crime against the home, an insult to the legitimate advertiser whose announcement of creditable business must be associated, in the same columns, with what is foul and disgraceful.

"When the public fully grasps the enormity of the offense committed by a newspaper in spreading before its readers the disgusting announcements of certain medical advertisers, the newspaper agency for the dissemination of foulness will be obliterated. Throughout the country there has been a recent general awakening on this subject. Of all the things in the world which should be free from filth is the daily visitor to the home. Any man thrusting an obscene circular into the hands of a young woman would be kicked into the ditch by her enraged father. But such is the inconsistency of human nature that that same father would, perhaps, subscribe for a newspaper for his own and his daughter's

reading which contained identically the same objectionable matter.

"Why

"Because he has not thought about it. When he does think about it, he will stop it."

GASTRO-ENTEROSTOMY FOR GASTRIC AND DUODENAL ULCER.

(Abstract of paper prepared for New Mexico Medical Association by B. D. Black, M. D., E. Las Vegas, N. M.)

The most notable advance in surgery in the past decade has been the development of successful surgery of the upper abdomen. The stomach, gall-bladder and ducts, and even the pancreas have yielded to surgery in conditions that for years were considered only amenable to medical treatment, and then, with the most unsatisfactory results.

This is especially true of gastric and duodenal ulcer. The pathology of ulcer has been made clearer by the study of cases coming to the operating table. It has been demonstrated:

1st. That gastric and duodenal ulcer is far more frequent than post-mortem statistics would indicate.

2nd. That a majority of stomach cancers have their starting point at the site of a pre-existing ulcer.

3rd. That many of the so-called "permanent" cures obtained by the internist sooner or later seek relief at the hands of the surgeon. In acute cases of ulcer where hemorrhage or perforation makes operation imperative, the internist is compelled to step aside and the surgeon is asked to prevent an otherwise fatal result. In chronic ulcer cases, however, the internist still insists that medical treatment will permanently relieve a majority of the cases. The excellent results obtained by surgery are so well known that one has but to follow and study the work and results of such men as Moynihan, Robson, the Mayo's, Ochsner, Murphy, and many others, to be convinced that surgical interference in chronic ulcer cases which have resisted medical treatment is justifiable.

The mortality rate is low and the relief obtained, permanent, in the majority of cases.

Gastro-enterostomy during the past few years has developed, as the mechanics involved in the operation became better understood, until at the present time, very few of the objections formerly urged against the operation hold good.

Vicious circle, regurgitant vomiting, stricture of the anastomotic opening now occur only in the exceptional cases.

The posterior gastro-enterostomy, done with suture, as modified by Mayo, leaving the intestine in its anatomic position would seem to be the operation of choice at present. The fact that stomach ulcers are multiple as a rule, rather than single, has gained favor for Rodman's operation. (Excision of the ulcer-bearing area.) In selected cases where the patient's general condition is good, it must be considered as the logical radical operation.

The "McGraw" ligature operation (depending for its success upon the insertion of a rubber ligature which produces an opening by pressure necrosis, within the line of sutures) is safe, rapid, and in the hand of the average operator, a good one.

The principle involved in gastro-enterostomy is sound. Primarily a drainage operation, preventing the retention of stagnant or fermenting food, it at the same time puts the affected part at rest, by short-circuiting

the food through the anastomotic opening (artificial pylorus).

This applies not only to ulcer of the stomach, but duodenal ulcer as well. Practically all duodenal ulcers occur within 2 1-2 inches of the pylorus, viz, above the opening of the common duct. This portion of the duodenum is exposed to the same irritation from the passage of food contents as the pyloric portion of the stomach. This fact is significant as proving that the entrance of bile and panecreatic juice must tend to remove this factor as a cause of ulcer.

The following case came under my observation during January, 1906, the good result obtained by operation makes the case report one of interest:

Mrs. De V.—blonde, age 20. Family history: negative. Menstruated at 12 years. As a child had measles and chicken pox. Perfect health until 4 years, when she began to complain of vague stomach symptoms. Pain in the epigastric region, at times relieved by the taking of food. Some flatulence and acid regurgitation after eating. Gradual loss of weight. Several physicians in turn placed her on routine treatments without results. Pain recurred at irregular intervals, gradually becoming more severe. Lost 30 lbs in weight, markedly anemic.

She consulted me January 20, 1906. Examination: An anemic, poorly nourished woman, complaining of pain just below xyphoid cartilage. Some tenderness on pressure over pyloric region of stomach. No mass palpable. At times pain extends toward right, under right costal arch, no history of jaundice; at times, vomiting during past 3-4 months, about six hours previous had vomited a small quantity of blood for the first time. Bowels constipated. Temperature and pulse normal. Physical examination failed to reveal any other facts bearing on the case. Pain recurred at intervals for about 48 hours, during which time the vomit contained slight traces of blood on two occasions.

Taking into account the history of four years fairly constant suffering, treatment after treatment having failed to give her relief, and further observation of the case confirming the diagnosis of ulcer of the stomach, operation was advised.

January 26, under ether anaethesia, a posterior gastro-enterostomy was done as follows:

An incision four inches in length, just to right of median line above the umbilicus, was made down to the sheath of the rectus muscle; sheath cut and the entire muscle displaced outward. (Moynihan). Posterior sheath and peritoneum were then opened and the stomach, gall-bladder and ducts explored as thoroughly as possible by palpation. The stomach was then lifted out for inspection. On the lesser curvature, near the pylorus, an indurated, opaque area the size of a half dollar was to be made out. A so-called "saddle" ulcer. Glands along that portion of the lesser curvature showed enlargement. Further examination revealed a smaller indurated ulcer of the duodenum, located about 1 1-2 inches from the pylorus. The stomach was then replaced, the transverse colon lifted out and at a bloodless point in the transverse meso-colon a small opening was made into the lesser peritoneal sac. Enlarged by stretching and tearing with the fingers, until it would admit three fingers. Through this opening (the stomach lying in its natural position) the lowest point on the posterior wall of the greater curvature was located and grasped with forceps. As advised by

Moynihan, a point about 5 inches distant from the duodenojejunal flexure was selected as the point of anastomosis on the intestine. A gauze roll was next placed behind the stomach and intestine at this point to prevent possible soiling.

All exposed parts were protected by hot normal saline pads. No clamps being available, an assistant held the stomach and intestine in apposition. The line of anastomosis on stomach being oblique, from left to right, above downward. A fold about 4 inches long being applied to a corresponding length of jejunum. Care being taken to locate the anastomosis at the low point on the stomach wall previously grasped by the forceps. The posterior layer of sutures was now applied. A continuous suture of fine silk, the end being left long to complete the anterior layer of sutures after the insertion of the rubber ligature.

An improvised McGraw "ligature" had been provided for the occasion by taking a piece of *good quality,* small calibre rubber tubing, 12 inches long, to which was attached a stout silk cable, which was in turn threaded into a 4 inch, heavy, straight needle.

The needle pulling after it the silk cable and rubber tubing was introduced into the jejunum about 1-2 inch beyond the point of beginning the posterior layer of sutures, emerging at a point about 3 inches distant. It was then introduced into stomach at a corresponding point, with the needle reversed, emerging from stomach at a point opposite the first point of puncture in the jejunum.

The ligature was then drawn tight, a silk ligature being used to reinforce the knot in rubber tubing, to prevent possible slipping. The anterior layer of sutures was now introduced. A few interrupted silk Lembert sutures being placed at points which appeared weak in the line of suturing. No stay sutures were applied to fix the line of anastomosis in the opening of the transverse meso-colon as advised and generally followed. After thorough inspection, made easier by pulling the gauze pad which had been placed behind, exposing the posterior line of suture, the parts were thoroughly sponged with hot normal saline and replaced.

In replacing parts, care was taken to see that no constriction could occur at opening in the transverse meso-colon.

Abdominal wall was closed in the usual manner, suturing layer by layer. Patient returned to bed in excellent condition, no shock. After recovering from the anaesthetic, she was placed in the exaggerated "Fowler's" position as advised by Mayo.

Rectal feeding for 36 hours, then small quantities of broth, albumin water, etc., were given by mouth. Light diet until the 10th day when she passed the ligature or rectum, and she was allowed to get up and about.

Primary wound healing, and her convalescence was uninterrupted. Stomach symptoms disappeared entirely and have never returned. Gained 25 lbs in weight in 2 1-2 months. She eats liberally of all sorts of food and has never suffered any ill effects. Weight at time of operation 120 lbs; present weight 155 lbs. About 3 months after her operation she consulted me for a suspected pregnancy. Her suspicion proved to be well grounded. November 19, I delivered her of an 8 lb boy baby. Labor normal. Her morning sickness and nausea were rather less than is seen in the average primipara. It was also inter-

esting to note that her laparotomy wound has shown no sign of weakness or bulging either during her pregnancy or confinement.

IS TUBERCULOSIS PREVENTABLE?

(Dr. M. K. Wylder, Albuquerque)

The teaching of the ancients that consumption was a hereditary disease, passed on from parents to child, was an inheritance that was unavoidable, and like many of the peculiar ideas of the ancients, have dissolved in the light of modern scientific investigation. The dictum of Hippocrates that "The Consumptive must die" cast its gloom over the mind of the unfortunate victim for more than twenty-four centuries, and until very recent years the consumptive existed under the mental strain of his miserable doom. In recent years the term consumption has become almost obsolete, and the more scientific term tuberculosis has been substituted.

From the mortality tables kept by the various health departments in this country, it is estimated that at least one-eighthof the people living in towns and one-twelfth of those living in the rural districts are doomed to die of this dreaded and dreadful disease, or in other words, about seven millions of the people now living in the United States are doomed to die of this disease. Is our land to sacrifice more precious lives in one year, than Russia paid for crime and folly in the great war with Japan? What precautions have we taken, either as states or nation, to circumscribe the ravages of this pestilence? Are we as wise as the ancients of centuries ago? In the book of the law the unfortunate victim of the disease was made to isolate himself from the community, and if anyone even started toward him, he was made to cry out, "Unclean! Unclean!" While this was severe justice to the unfortunate individual, it was merciful justice to the uncontaminated.

It is estimated that in the middle and eastern states one person in every five hundred is tubercular, and in the Southwest, it is even higher than that. While I was unable to find accurate statistics covering this, as cases are not reported before they die, yet I feel that this estimate is very low, and there is no law on the statute book to prevent its spread. The infected person is permitted to go anywhere and everywhere, in the crowded theatre and church, where ventilation is poor and where the respiratory organs are in a receptive mood for infection, with no law to compel the afflicted one to cry: Unclean!

The Board of Health of New York City estimates that there are two hundred thousand cases of tuberculosis in that city, and very probably each of these eat, sleep and associate with five other persons every day.

From the foregoing it is very evident that this country needs some heroic legislation on this important subject, that involves the health and happiness of so great a number of our fellow citizens.

Tuberculosis is not the incurable disease Hippocrates and his followers thought it to be. I need but to mention the reports of Trudeau, Von Ruck, Knopf, and many others, to substantiate this claim. I doubt not that any physician in New Mexico can point to numerous cases in his own personal practice that came here with tuberculosis, and are completely recovered. But my purpose is not to dwell on the treatment or cure of this disease, but rather its prevention, and the important part that physicians and citizens should take

in the matter. The spread of other diseases have been brought under quarantine regulations legally enacted: Leprosy, Bubonic Plague, Cholera, Yellow Fever, Diphtheria, Small Pox, Scarlet Fever, and even Measles, yet this disease, Tuberculosis, that affects more of our population than all others, has never been put under legal restraint. Its victims go forth exhaling and expectorating the infectious bacilli in the presence of any and every one with whom he comes in contact. Yet there are some encouraging signs in the horizon. The dawn of a better day appears. In New York City the death rate from tuberculosis has fallen a little over 40 per cent in the last ten years, and in Philadelphia almost 40 per cent in the same period of time, due to legal enactments that protect the innocent and unsuspecting. Think what this would mean if the entire country and the general government should take up the fight against the spread of this disease. It would mean the saving of possibly millions of lives to say nothing of the suffering of those afflicted. It has been said by some one that a country's greatest asset is her people, and if this be true, might not our solons in the legislature give it some of their precious time and profound thought.

There should be a law making it a crime for persons with tuberculosis to expectorate, except in a proper receptacle.

There should be a law to exclude infected persons from public assemblies.

There should be a law requiring that boarding houses where tubercular patients are entertained place in a conspicuous place, a sign declaring that fact, and also requiring that rooms occupied by tubercular patients shall be properly fumigated under the direction of a competent physician before it shall be occupied by another.

Pullman sleepers should be required to carry special compartments for the unfortunate victim of tuberculosis, and be put under heavy penalty for using any sheet, blanket, pillow, or other equipment of bedding for other passengers, without thorough disinfection.

Physicians should be required to report to the Board of Health every case of tuberculosis.

Also physicians should exert every precaution in destroying any and all vessels used by tubercular patients. Only a short time ago, a young man brought me some sputum for examination in a milk bottle, and wanted that I should return the bottle, that he might send it to the dairy, but the bottle was not returned.

For the prevention of the spread of the disease, I would insist on the destruction of the sputum, dried sputum being the most dangerous for the spread of the disease. The next preventative I would mention, and one that concerns the general public, as well as the individual, is that our homes, hotels, office buildings, business houses, and factories be so constructed as to admit the greatest amount of God's pure air and sunshine. Let us have such laws enacted that will make the sweatshop a felony, and the tenement house an impossibility. Abolish the public drinking cup by a system of education on hygiene and the laws of health in the primary schools.

In almost every state in the Union there is a movement for the establishment of Sanitoriums for the victims of tuberculosis. While I doubt the wisdom of gathering together in one building any great number of consumptives, I feel that at least that is an index finger pointing toward a better day. Much good is being done by the popular magazines in disseminating intelligent information on this great

evil, and through their intelligent efforts we may confidently hope that ere long there will be such an enlightened public sentiment that there will be legal methods devised for the prevention of the spread of this dreaded disease, as would be the case with cholera or small pox.

The responsibility of the physician in this case is immeasurable, and it is high time that they should speak out in no uncertain tones on this question. They are, or should be, the guardians of public health and well being, and should not hesitate to tell the whole truth for the good of humanity, and with malice toward none and charity for all perform the office of their calling.

SUGGESTIONS

(By William Garr Shadrach, M. D., of Alnosis and Treatment of Some of the More Frequently-met-with Eye Diseases.

(By William Carr Shadrach, M. D., of Albuquerque, N. M., Opthalmic and Aural Surgeon to Santa Fe Coast Lines)

At the present time few physicians in general practice care to perform the more delicate eye operations, or to assume the responsibility of treating the graver affections of the eyes. Though they may avoid these responsibilities, however, they will be pressed by their families to give an opinion as to the nature of the malady and decide whether the case is one requiring the care of a specialist for its successful management. To offer a few hints, which under such circumstances, the general practitioner may, perhaps, find of some assistance to him, is the sole object of this paper.

There is no disease of the eye in which a mistaken diagnosis is so apt to be fraught with disastrous consequences as glaucoma. The experience of every occulist shows that glaucoma and cataract are confounded, yet the two diseases are markedly unlike in most of their aspects, their only point of resemblance is a decline in vision, and in both the pupil loses the black appearance which is characteristic of the normal eye, the latter resemblance leads to the confusion. In glaucoma the yellowish or greenish reflex, which the pupil exhibits, is due chiefly to changes in the vitreous humor, though at a latter stage of the disease, the lens also may lose its transparency. The appearance is sufficiently like that exhibited by true lens opacity or cataract (especially cataract of the senile variety) to justify the non-expert in confounding the two conditions, if this one symptom stood alone. This, however, is far from being the case, for in cataract we have normal tension of the eye ball, absence of pain and redness, a healthy cornea and a history of gradual loss of sight without transient exacerbations, while as opposed to this, we have in glaucoma recurrent attacks of pain accompanied by conjunctival and subconjunctival injections, increased tension of globe, dilitation and sluggishness of pupil, steaminess, and anaesthesia of cornea, shallowness of the anterior chamber and rapid decline of vision by sudden exercerbations.

Time is a most important factor in the treatment of glaucoma. In acute cases, a delay of only a few days in the inauguration of active remedial measures may result in total and permanent loss of vision. Naturally then when this disease is mistaken for cateract, most unfortunate consequences, as I have said, are apt to ensue.

It is hardly necessary to add that in all cases of glaucoma, especially those of an inflammatory type, an early and large iridectomy is indicated, the sooner it is done the better. The other remedial measures that should be employed, are the instillation of eserine,

free purgation, preferably with calomel. In the use of eserine, every case is a law unto itself, the indication is to contract the pupil and keep it so, hence the strength of the solution will vary from 1-4 to 2 gr. to oz aqua and from 1 gtt. of this every 6 hours to 1 gtt., every hour in eye. For obvious reasons the weakest solution that will accomplish the contraction of pupil is, as a rule, the one to use. What I have written concerning glaucoma was prompted by a case turned over to me by a practitioner of this city, he having made a proper diagnosis (glaucoma) on first examination. What would have taken place goes without saying, if he had regarded the case as a simple conjunctivitis and treated it as such, using a solution of atropine (strongly contraindicated in glaucoma) and boric acid. This diagnosis speaks very highly for the ability of the practitioner.

Next to glaucoma, iritis is the disease in which mistakes in diagnosis frequently occur, such mistakes are often irremediable. The usual error is to regard the conjunctival and subconjunctival injection which attend the iritis as the essential part of the attack. This mistake involves the prescribing of an astringent collyrium which plays the part of an irritant and makes a bad matter worse. If the attack be at all severe, the contracted pupil (which of course ought to be dilated as quickly as possible by a strong solution of atropine) becomes blocked by lymph, its margins forms adhesions to the lens capsule (posterior synechia) and in a very short time the integrity of the eye is seriously and permanently impaired. Let us consider how so disastrous a mistake can be avoided. In the first place, it may be remarked that inflammation of the iris is almost always attended by tolerably severe (often very severe) pain, by marked photophobia and lachrymation and by more or less prononunced impairment of vision, while on the other hand in conjunctivitis the photophobia and lachrymation are comparatively slight, there is no pain worthy of mention and vision is not appreciably impaired. In short, pain, photophobia, lachrymation, impaired vision, with conjunctival injection clearly indicate something more serious than a simple conjunctivitis is present. Thus warned, we direct our attention to the condition of iris, pupil, aqueous humor, and cornea, which has a loss of luster and transparency in well marked cases of iritis. Whether the attack be syphilitic or rheumatic in origin, be it at all severe and fully developed, one can hardly fail to recognize the true character, as the swollen condition and altered color of the iris, the turbidity of the aqueous humor and the presence of lymph in the pupillary area are easily detected by the most superficial observer. On the other hand if the disease be in its incipiency, its detection is not so easy a matter, we must examine the eye by oblique illumination (x12 or x13 lens held between the index finger and thumb, focussing the light from window or lamp on the eye ball) or instillation of atropine making evident the presence of adhesions (posterior synechia) between the iris and lens capsule which renders the diagnosis clear. Every physician should acquaint himself with the use of oblique illumination as it is a valuable aid in diagnosis of the external diseases of the eye, by its use we can readily detect foreign bodies, otherwise easily overlooked, let them be in conjunctiva, cornea, anterior chamber, iris or lens.

In the treatment of iritis, time is almost as important a factor as we found it in glaucoma. The indication is to dilate the pupil promptly and keep it so by the free use of a strong solution of

atropine (4 gr. to oz aqua). Blood letting from temple of same side by natural or artificial one, hot boric compresses, constitutional treatment as indicated. I invariably leave this part of the management of the case to the patient's family physician.

By this course of treatment we prevent the formation of adhesions between iris and lens capsule, and the blocking of pupil by lymph; in short we preserve the integrity of the eye.

In conclusion, I would direct your attention to the importance of recognizing how frequently diseased condition of the eyes, such for example as blephoritis marginalis, chronic conjunctiviti, styes, chorio retinitis and even, I believe, glaucoma and cataract are traceable to errors of refraction and anomalies of the ocular muscles. It is now proven beyond question that many disorders of a more general character, such as headache, vertigo, insomnia, somnolence, neurestheniа, chorea and perhaps, in rare cases, epilepsy are dependent not infrequently upon eye strain caused by these same anomalies.

The different varieties of astrigmatism is the defect which plays the most important part in the causation of these local and general disorders, and next in order comes high degrees of hypermetropia and esophoria, or insufficiency of the external recti-muscles. These errors are detected as follows: It may be laid down as a rule that when the eyes are irritable and incapable of the ordinary amount of near work, (reading, writing, sewing, etc.) no other cause being manifest, an error of refraction or muscular insufficiency exists. Bear in mind that a patient may see perfectly well, and still have a high degree of error, and left to themselves, these errors of vision and muscular troubles cannot be expected to change for the better, but always with the trouble they cause become worse, hence it is worse than useless to try temporizing measures, relief can only be attained by careful adjustment of glasses, or operative correction of the muscular defects, and the sooner the patient is induced to seek such relief, the better it will be, not only for his or her own welfare, but also for the reputation of yourself as his or her medical adviser.

THE TREATMENT OF EXTENSIVE BURNS OF THE SECOND DEGREE.

(By W. H. Burr, M. D.)

Gallup, N. M., Nov. 22, 1906.

Most of the advances in medicine and surgery at the present day are to be found in the best current literature. This has always been the case to a certain extent in medicine as well as other professions, but with the improvement in medical literature, its wider distribution, and the closer organization of professional men in county, state and national bodies, it is even more true at present.

In no other respect has there been such a wide departure from former methods as in the treatment and results of extensive burns and scalds.

The writer can not hope to contribute much to the subject, which is probably familiar to most of the readers of this journal, but a few notes from his own experience may not come amiss. In the treatment of extensive burns of the second or third degree it will be noted that almost all authorities recommend cleansing the burned area with a weak antiseptic solution, preferably 1-5000 to 1-10000 or 1-20000 bichlor mercury. I mention this only to condemn the procedure. It is doubtful whether any antiseptic solution strong enough to have any effect upon any germs that may be present can be applied to a freshly burned surface without doing more harm than good, and

as a matter of fact whatever germs are present are more likely to be found at the margins of the burn or upon the intact skin where they cannot be reached without thorough scrubbing and more disturbance than is warranted at this stage.

In extensive burns of the second degree it has been the practice of the writer to use occlusive dressings for the first 24 or 48 hours, but to revert to dry dressings at the earliest moment possible with exposure of burned surfaces to light and air. It is my theory that occlusive dressings, using a mild aseptic oily covering for the first 24 or 48 hours, lessens initial shock and suffering, after that period the use of these dressings with the consequent retention of discharges, the maceration of the skin surface, increases the suffering and shock and interferes with the nutrition and retards recovery and prompt healing of the burned surfaces. Further than this I believe it is claimed with good authority that fewer scars result from the open treatment of second and even third degree burns. In second degree burns of the extremities especially the arms, loose bags should be made of surgeon's lint, smooth side in. These should be well powdered on inside and drawn on at night after freshly powdering the arms. This to prevent the patient from injury through throwing the arms about during sleep. The bags should be frequently changed and resterilized, and in some cases, when considered necessary to leave them on a part of the day, should be frequently loosened up and repowdered. All kinds of powders have been used for dry dressing. Bismuth Subgallate, Zinc Oxide, Zinc Stearate, Bis Subnitrate and many others. In my experience, Bismuth Subgallate, though expensive, seems to give the best results.

In a recent prize discussion on the treatment of burns, *N. Y. Journal,* Oct. 6th, 1906, there appeared three essays by eminent New York men, none of which refers in any way to the use of dry dressings in extensive second degree burns. Why this omission, I can not understand.

It may be that the treatment of burns, like the treatment of pneumonia, must be adapted to the altitude, humidity or rainfall. It reminds me of an old physician I once knew who stated that in a certain epidemic of typhoid fever in the town in which he practiced he could give rheubard to patients on one side of the street with the happiest results, the same drug administered to patients on the other side of the street purged them almost to death. There is one method of treatment in extensive burns of second and third degree that I feel sure has been neglected; which is the continuous full bath. This is generally referred to as the Hebra method, but I have it on good authority that not Hebra, but another eminent German physician, was the originator of this treatment.

Although I have never had opportunity to use this method of treatment, I believe in certain selected cases it would mean the difference between life and death to the patient. In one of the essays referred to above, Dr. Prager speaks of the use of molasses as an excellent emergency dressing for even burns of the second degree, and states that sugar is an excellent antiseptic. This suggestion leads me to record an interesting experience in which the Hebra idea was carried out by a layman in a small Pennsylvania town some 25 years ago. The patient, a man working in a tannery, fell into a leaching vat and sustained burns of the second degree over the whole body with the exception of the right arm and

head. The proprietor dug a trench in a clay bank, placed the patient stripped in the trench, and poured in a barrel of molasses, covering the whole body with exception of head. Patient was kept in this molasses bath for 24 to 48 hours, then removed and placed in a bed of cotton and kept constantly covered with linseed oil and powdered charcoal. The treatment was a combination of the Hebra and the dry treatment, and the patient was entirely recovered in the period of two months. Being summer time the temperature did not cut any figure, and it is probable that the molasses bath saved the patient's life as it covered the period of greatest danger from initial shock and exhaustion.

PNEUMONIA.*

(Dr. W. W. Spargo)

In discussing the subject assigned this evening, we do not expect to present anything new, our aim has been, rather, in reviewing the literature at our command, to separate the wheat from the chaff, especially with reference to treatment.

We will limit our remarks to a consideration of the more common type—Croupous or Lobar Pneumonia.

Formerly it was regarded as a local inflammation of the lung, the constitutional symptoms being attributed to the local lesion; in the light of modern pathology, we must regard it as a toxaemia, the consolidation of the lung being of secondary importance. That the constitutional symptoms are not due to the local involvement of the lung is evidenced by the crisis, after which there is the same amount of consolidation, but how different the clinical picture.

With reference to Etiology—In the majority of cases the excitant cause is the Pneumococcus or Diplococcus of Frankel, although the Pneumo bacillus of Friendlander, the Streptococcus and Influenza Bacillus have also been demonstrated, the last two generally in the secondary pneumonias complicating other diseases.

The occurrence of pneumonia has always been associated in the minds of the laity, especially, with exposure to cold; that it acts as a predisposing cause can hardly be questioned. Statistics however, show that it occurs more frequently in the spring months. This is probably accounted for by the fact that people during the winter months live under less favorable hygenic surroundings, their resistance being thereby lowered.

The clinical course of a typical case of pneumonia is so constant that but brief reference need be made. The initial chill, severe pain, usually in the side, abrupt rise of temperature, accelerated breathing, rusty sputum, pulse and respiratory ratio, present a symptom complex that could scarcely be mistaken for any other disease, even without the physical findings to confirm it.

However, the invasion is not always so characteristic, exceptionally, the pain may be referred to the abdomen, and when pneumonia is secondary to a pleurisy, with effusion, there may be difficulty in making the diagnosis, especially in determining the amount of lung involved. And in the central type the physical findings may not manifest themselves for several days. After persuing an interrupted course, the disease, in favorable cases, terminates by crisis, usually not later than the ninth day—in the migratory type, when a second lobe becomes involved, after the first invasion, the crisis may be delayed for several days.

Complications and Sequelae — In view of the frequency with which the

*Read before the Bernalillo County Medical Society, Dec., 1906.

more severe types of pneumonia are complicated with other serious conditions, I believe we are too often satisfied with having made the diagnosis of pneumonia and are not on the look out for complications. From a theraupeutic standpoint this suggestion may not be of much practical value for treatment in these cases modifies the course but little, however, from a prognostic point of view it is important as those cases in which there is an involvement of the pleura and pericardium together with, perhaps, an acute nephritis are usually fatal. That such a condition is by no means rare, I have seen demonstrated quite frequently at autopsy. The most frequent complication is pleurisy—to a certain extent a fibrinous pleurisy is almost a constant accompaniment, but as a complication we refer to the serofibrinous variety, next in frequency, in the order named, come nephritis, pericarditis, endocarditis and meningitis. In twenty-eight autopsies held on pneumonia cases in Cook County Hospital during one medical service, fibrinous pleuritis was present in twenty cases, sero-fibrinous in eleven, purulo fibrinous in two, acute nephritis in eleven, sero fibrinous pericarditis in five, menengitis in three and acute endocarritis in two.

As a sequel, empyema is not infrequent. In every case of post critical fever, we must be on the look out, and resort to an early exploratory puncture, which is the only way to positively demonstrate it. Abscess and gangrene may exceptionally occur, or a fibrous condition result from an unresolvement of the exudate. Conditions are also favorable for the development of the tubercle bacillus. This should be borne in mind in every case that does not clear up satisfactorily.

Treatment—After a careful review of the literature, one is forced to the conclusion that the majority of clinitians regard pneumonia as a self limited disease, running its course uninfluenced in the majority of cases by treatment. A smaller number believe in attacking it in the beginning energetically with a view to aborting or modifying its course. Some of the methods of treatment advocated have now only an historic interest and will be briefly mentioned.

The treatment by bleeding in the period of invasion, was early practiced. This gave place to the circulatory depressants veratrum and aconite, with the object of limiting the extent of inflammatory action. Unfortunately we seldom are called early enough for this treatment to be of real value if indeed there is any virtue in it. Later in the disease, in the presence of a dilated right heart, bleeding may be resorted to.

As to Specific Treatment — About 1888, Petresco advocated large doses of digitalis, in infusion, claiming for his method a mortality of only 2 per cent. In other hands the results were not so encouraging and it never was extensively employed.

Various other drugs have been lauded, creasote and its carbonate, the salicylates, potassium iodide, the latter in large doses, but the results leave much room for doubt as to any specific action. The latest specific treatment which merits more than passing notice because of favorable reports from different observers, is that of Galbraith, who gives from forty to sixty grains of quinine as soon as the case is seen, repeating in a short time if no effect is observed and continuing in smaller doses; in addition 15 M. Tr. ferri chloride is given every three hours. He claims for this method frequently an aborting of the disease, or failing in that, a milder course, and an early ter-

mination by lysis, instead of crisis.

Along the line of treatment aiding in counteracting the toxaemia, should be mentioned the use of saline infusion as advised by Sajous, Taylor and others, not resorting to it in "extremis," but early in the course of the disease.

The expectant plant which meets with the approval of the majority briefly is: careful hygienic supervision, securing for your patient an abundance of fresh air. In this connection, Northrup advises the open air treatment, absolute rest, diet—should be easily digested food, as any derangement of digestion, resulting especially in flatulency is unfavorable, as it adds to the embarrassment of an already over-burdened heart. An initial cathartic to clear out intestinal tract, bowels to be regulated thereafter as required. For the initial pain a hypodermic of morphine or strapping the chest will suffice. Local applications of heat or cold may also be employed for this purpose. It is questionable whether the continuous use of the ice bag or cold locally modifies in any way the disease. For the cough an occasional dose of codeine or Dover's Powder. The fever, unless it is exceptionally high, need not be regarded, if it requires attention, hydrotherapy either by sponging or cold pack will control it. The greatest danger in pneumonia is cardiac failure. This is due in part to the toxemia, but also to the mechanical interference with the circulation. To avoid or counteract a progressive cardiac athenia should be our chief therapeutic aim. How best to accomplish this is a mooted point, whether to wait for the first signs of failure—a weakened first sound, a pulse increasing infrequency and of low tension or to employ stimulants from the beginning.

As to which of the various stimulants to use, each has his preference: digitalis, strophanthus, strychnine, the diffusible stimulants, alchohol will meet the requirement if the condition is amenable to treatment. With reference to the use of nitroglycerine, some advise while others condemn it; remembering its physiological action one can use it intelligently as it is only a cardiac stimulant indirectly, by lessening the resistance to circulation. Especial care should be observed during the crisis, as frequently a condition of collapse ensues which may be tided over by energetic treatment.

In conclusion, of all acute diseases, pneumonia is the one that should require the services of a trained nurse. During the critical period an hourly pulse record should be kept as rapid changes frequently occur.

THE MEDICAL SOCIETY OF KINGDOM COME.

(Nineteenth Century Meeting)

President's Address: I, Hippocrates, the oldest member of our guild, do give you greeting, but am filled with fear and trembling lest ye should judge me wrongly, and take away my good repute. Of a surety my head swimmeth, and a dizziness hath taken hold upon me, yet it cometh neither from strong drink, nor from a fevered brain. Confusion hath come upon me by reason of the wonders I beheld but lately on the earth, as I did move among the mortal members of our guild.

. . . . . .

Being in the spirit, in a great city. I followed a certain woman, who was sick, unto the house of a physician. In a large antechamber many with weak and inflamed eyes sat waiting, until each in turn should pass into an inner room to be healed. And behold, the physician came and looked upon those that waited, and I also did look through his eyes. And with great

astonishment I saw but faint shadows, where before I had seen men and women. And in each shadow head I beheld two large, solid eyes, and each part thereof was greatly magnified.

I said unto the man "Where are the men and women?" And he answered "Now beholdest thou the very truth and seest that man is but a pair of eyes, with a body attached thereto for support and nourishment. Verily the eye is the grain, and the body but the stalk." And the woman goeth into the inner room and returneth again many times. Glasses of many kinds are placed before her eyes, and the muscles are cut on either side, but all without avail.

Again I saw her in another antechamber, wherein sat many other women. And I looked upon these also through the eyes of him who sitteth in the inner room, and behold I saw naught but wombs and the appurtenances thereof. And of him also I asked "Where are the women?" And he said "Art thou of so little depth as to judge the fruit by the shell thereof? What thou seeth before thee is woman, albeit many fools do look upon the outer shell as such." And through his ears I heard a sound like unto the dropping of ripe almonds upon the earth. And again I asked, "What causeth the sound I hear?" And he answereth "At this hour of the day it is our wont to spay the women of the land, and as the ovary droppeth into the puss basin, it maketh the sound of which thou speaketh." And I said "How, then will the earth be peopled in the time to come?" And he respected neither mine age nor my wisdom, but laughed me to scorn, called me Rip Van Winkle, asked me whence I came, and at last said, with much truth but great irreverence, that I was not up to date. And I held my peace for fear of further gibings.

When the woman came, in her turn, he putteth a ring within her and propeth up the womb, and against the mouth thereof he placeth cotton, which holdeth a dark and stinking medicine. This he doeth for many days and then he openeth the womb and scrapeth the inmost recesses thereof. At last the woman layeth herself down upon the altar of her sex, and permitteth the surgeon to take away her womb, and tubes, and ovaries. And he being mindful of the sorrow they might cause in the years to come, doth take away the appendix and the gall-bladder also, and into all the vacant places doth glide the soft, accommodating gut. But he restraineth his hand and leaveth to the woman a kidney, that did swing to and fro in the belly, but he shorteneth the cord thereof, and maketh the kidney fast in the place where it properly belongeth, according to his judgment. Of a truth this was some little space apart from the place appointed for it by the Creator of all, but by much work on many bellies, this man hath attained unto great wisdom.

But the woman grew worse and went to seek help from many. One poureth water into her stomach, and taketh it out again, cleansing her as one would cleanse an empty vessel. Another maketh her to lie in bed and neither think nor speak for many days. Another placeth her body in water, which containeth many bubbles, that do prickle against the skin. Another shooteth into her body sparks that crackle and sting, and upon her head he sendeth a breeze, that maketh the hair to stand on end. Another wideneth the vent and into such haemorrhoids as he seeth, he squirteth a burning fluid, and for a season the woman hath more comfort when she standeth than when

she sitteth down. Another looketh into her eye and speaketh sternly unto her, and she falleth into a sleep, yet one that differeth much from the nightly sleep of rest. Her body sleepeth not, but doeth the bidding of him who worketh this magic upon her, yet when he suggesteth unto her many simple, silly lies. so soundly sleepeth her judgment, that she regardeth them as very truth. Another placeth against her body a device made of metal, which hummeth continuously, and which so shaketh her that it maketh her frame to quiver, as jelly quivereth in an earthquake. She goeth even to a new sect and seeketh out one who is a healer therein. And he saith unto her that her suffering and her body, and all bodies, and all matter of all kinds are nothing but an imagination. Yet he maketh an agreement, that unto what she imagineth to be her body he will daily give what he imagineth to be a treatment even though she be far off, and after many days she will be healed of the sickness which doth not exist. And she, not being one that readily perceiveth humor payeth him not for his wisdom. He further specifieth, that when he hath taken away from her the disease which she hath not, she shall pay unto him a certain sum of gold and silver, a form of matter, and a matter of form, that findeth favor both with believers and with unbelievers. Then, verily, it dawneth upon me, that there be some matters in which the man seeth to it that the imagination playeth no part, and thereby he worketh to much advantage.

But the woman profiteth not from any of these things.

And once more I beheld her in an antechamber, smaller than any wherein I had seen her heretofore, and only one beside herself sat waiting therein. And in the inner room I saw the man whom she sought, and he looked like unto one that understandeth himself, and not as one that puffeth himself up with the vain imagination that he requireth a bigger head piece than any of his fellows. And he asked the woman many questions concerning herself, her brethren, her parents, and her parents' parents. With his ear he striveth to learn something about the parts that do lie within the chest, and with his hand he searcheth out the few parts of worth still left within the belly. At length he saith unto her "Fear not, for a surety thou canst be healed." And she saith unto him, "What aileth me?" He answereth, 'Verily thou hast no ailment of any moment. Thou sufferest only because of a slow and sluggish action of the gut, or as it is vulgarly said, thou art constipated." And she took the paper on which he had written, and paid him, and went her way. And as she passed out, she said in her heart, "Lo! this man is a fool." This she said, not from any thought that he lacked wisdom or spake falsely, but she held him in low esteem because he did find but an ordinary ailment, and did charge but an ordinary fee. Yet, because she had given up most of her substance, and all of the organs she had to spare, she did the bidding of the man and was healed. But verily I say unto you, that the woman hath more regard for him that did much and charged much, yet benefited her nothing, than she hath for him that did heal and restore her at little cost—Dr. William Cowpe Gardner, New York Med. Journal.

Diagnosis Not Favorable.

Doctor—I'll examine you carefully for $10.

Weary Dreary—All right, an' if you find it, give me half.

PHYSICIANS GRANTED LICENSES BY TERRITORIAL BOARD OF HEALTH.

The following physicians were granted licenses to practice medicine in New Mexico at the semi-annual meeting, Tuesday, December 4th, 1906.

Dr. Claude M. Jones, Lakewood; Dr. Martin Merrill, Artesia; Dr. Ethelbert J. Hubbard, Carrizozo; Dr. John D. Hess, Mora; Dr. A. T. Black, Melrose; Dr. Z. T. Hitch, Las Vegas; Dr. H. A. Creceluis, Organ; Dr. C. D. Vereler, Watrous; Dr. Frank H. Marey, East Las Vegas; Dr. Wm. H. Dempsey, Albuquerque; Dr. Jacob W. Waffensmith, Espanola; Dr. H. R. MacKeen, El Vado; Dr. E. H. Morgan, Santa Fe; Dr. Solomon W. Laub, Las Cruces; Dr. Charles M. Murrell, Elida; Dr. J. L. Flint, Las Vegas; Dr. F. M. Thomas, Raton; Dr. Harriett I. Noble, Santa Fe; Dr. Charles M. Swartz, Roswell; Dr. D. C. McCaliby, Roswell; Dr. H. B. Calhoun, Silver City; Dr. L. S. Peters, Silver City; Dr. Howard M. Cornell, Edith; Dr. James R. Howell, Tularosa; Dr. H. J. Rowell, Belen; Dr. C. A. Mozley, Albuquerque; Dr. T. B. Richardson, Dexter; Dr. Joseph Atherton, Dexter; Dr. E. C. Thorne, Roswell; Dr. A. J. Hetherington, Roswell; Dr. Edward Cummings, Silver City; Dr. Dee Roach, Elida; Dr. A. A. Daniel, San Marcial; Dr. C. H. McKenna, Las Cruces; Dr. J. Q. Burton, Texico; Dr. H. W. Heymann, East Las Vegas; Dr. V. Nacamuli, Albuquerque; Dr. A. G. Hicks, Blacktower; Dr. Geo. T. Darbison, Tiaban; Dr. James J. Donigan, Carlsbad; Dr. G. V. Hackney, San Marcial; Dr. G. N. Harsh, Melrose.

BOOK NOTICE.

The Second Report of The Wellcome Research Laboratories, Gordon College, Khartoum, has been received. It is a beautifully illustrated volume showing the progress made in dealing with malaria, sleeping sickness and various other tropical diseases, together with the work done in respect to pests which attack food and textile-producing plant life.

It is interesting to note that the founder of these laboratories, Mr. Wellcome, and the chief of the chemical section, Dr. Beam, are Americans.

MARRIAGES.

Lucien G. Rice, M. D., Albuquerque, to Miss Ruth Catharine Kessler, Dallas, Texas, at Dallas, November 22d, 1906.

W. F. Wittwer, M. D., Los Lunas, to Miss Anna Nowlin, Montgomery City, Mo., at Albuquerque, November 7th, 1906.

The Miners' Hospital, a Territorial institution at Raton, N. M., was opened Saturday, November 10th, 1906. This hospital was located at Raton by an act of the Legislature of 1903; the building site of ten acres was purchased in the spring of 1903 with monies donated by the citizens of Raton; the building was erected in 1904 with monies raised from the sale of lands authorized by an act of Congress for the purpose of building a miners' hospital in New Mexico.

The act of Congress sets aside 50,000 acres of land for the institution and as fast as money is realized from the sale of such land it is used for the building and improving of the hospital and grounds.

For lack of funds the hospital was not completed until 1905. The legislature of 1905 made an appropriation for the building; from the appropriation

a modern steam heating plant was installed; a perfect sewer system built; electric lights in every part of the building; modern plumbing completed in the basement and in the first and second floors. The furnishings of the wards, rooms, office, kitchen, etc., are all in place.

The hospital at present has fourteen beds, with room for as many more when the third floor is completed.

It is the purpose of the Board of Directors with the assistance of charities to make the hospital the very best in its every appointment. Sick and injured miners who are indigent and without homes will be admitted free; those who are able financially, will be expected to pay the actual cost of their maintenance; pay patients from all classes of people will be received whenever the private rooms are not occupied by miners.

No miner will be received who is suffering from venereal disease or as a result of vicious habits, as it no doubt was the intention of Congress that the hospital be made free to the worthy poor of the vast army of mining men residing in New Mexico.

CORRESPONDENCE.

Las Vegas, N. M., Nov. 30, 1906.

To the Editor.

Some eight years ago an article was published in, I think, *The International Journal of Surgery*, by Dr. Stimpson of New York, on "A New Method of Reduction of Shoulder Dislocation by Continuous Traction," which seems to have escaped the notice of the profession. I have been requested by my friends to give the method to the readers of the *Journal*. Very soon after reading the article, an opportunity presented itself to use the method, and I have since applied it in a number of cases to my entire satisfaction, and to the gratification of my patients. The method is very simple, consisting in extension by means of weights. Take an ordinary extension table, pull it apart sufficiently so that the injured arm will hang down between the leaves of the table. In order to obtain sufficient height, place a folded blanket on the table under the body; then with a towel make a slip knot around the wrist, and to the ends of the towel attach two flat irons weighing about fifteen pounds. Almost immediately on applying the weights, the patient will express himself as greatly relieved. After a period of time, varying from thirty minutes to an hour, to the surprise of the surgeon, the dislocation will be found to be reduced.

In one case this method failed, but the reduction was quickly and almost painlessly made by the method recommended by Dr. Chas. A. Powers, of New York. The reduction was rendered easy in this case by the relaxation of the muscles brought about by the use of weights.

I feel quite sure had I waited a little longer, the method would have been successful without a resort to manipulation.

This method commends itself to the surgeon as rendering both an assistant and an anesthetic unnecessary. It is practically free from pain to the patient. The only discomfort complained of is the constriction about the wrist.

EDWIN B. SHAW, M. D.

STERILE SALT SOLUTION INJECTIONS IN INTRAPERITONEAL HEMORRHAGE.

M. Jampolis, Chicago, (*Journal A. M. A.*, November 3), after reference to previous literature on absorption of fluids by the peritoneum, and to Hollenbeck's method of diagnosis, reports results of experiments on dogs, in which, after producing artificial intra-

abdominal hemorrhage, infusion of sterile warm normal salt solution into the peritoneal cavity was practiced. From the results of these and of the control experiments in which no salt infusion was performed, he concludes: 1. The infusion of normal saline into the peritoneal cavity should be practiced in every case of hemorrhage not accompanied by infection, for two general reasons: (a) Limits effect if shock; (b) its beneficial action on the peritoneum and the conditions in the peritoneal cavity. In some cases its effect would be palliative, in others, curative. 2. In cases of intraperitoneal hemorrhage accompanied by such severe shock as to render an immediate laparotomy necessarily fatal, the immediate infusion of warm normal saline solution would certainly do no harm, but would stimulate the peritoneum, counteract existing shock, and prepare the system for any that might follow a subsequent operation. 3. If hemorrhage had ceased and laparotomy was not required, it would be of the utmost value. Besides combating shock, the solution would mingle intimately with the blood, hold the particles in suspension and hasten absorption without permitting clots to form to be the basis of troublesome and dangerous adhesions. 4. The procedure requires no great skill and can be carried out by any general practitioner. Jampolis advises that the apparatus consisting of a sterilized Hollenbeck's trocar, and rubber tube and a flask of the sterile solution be kept for use in emergency cases.

BERNALILLO COUNTY SOCIETY NOTES.

The "Society" was entertained Tuesday evening, Dec. 11th, at the residence of Dr. Wroth. After the regular order of business, luncheon was served and the remainder of the evening devoted to reminiscences of the early days. The annual election resulted in the selection of the following officers for the ensuing year:

President ..... M. K. Wylder
1st Vice Pres..... G. S. McLandress
2d Vice Pres.. C. W. Taylor-Goodman
Secretary ..... W. W. Spargo
Treasurer ..... Eligio Osuna
Censor ..... P. G. Cornish

Drs. F. J. Patchin and Wm. H. Burr were elected to membership.

Dr. Philip Baillargeon, a member of the local society, died November 27th, in Los Angeles, Cal.

Dr. Mary Hunter has removed to California.

Careless Observers.

"Gentlemen, you do not use your faculties of observation," said an old professor, addressing his class. Here he pushed forward a gallipot containing a chemical of exceedingly offensive smell. "Taste it, gentlemen, taste it," said the professor; "exercise your perceptive faculties." One by one the students dipped their fingers into the concoction, and with many a dry face sucked the abomination from their fingers. "Gentlemen, gentlemen," said the professor, "I must repeat that you do not use your faculties of observation; for, if you had looked more closely at what I was doing, you would have seen that the finger which I put into my mouth was not the finger I dipped in the gallipot."

Died While Smoking.

The fatal effect of a long-continued use of tobacco has been illustrated in the case of a man at Broglie, France, who died lately while smoking his pipe. He was one hundred years and three months old.

THE PATHOLOGY OF CLOTHES.

A witty writer, says the *Medical News,* has contributed to *St. George's Hospital Gazette* a prospectus of a proposed work on the pathology and treatment of diseases and accidents of the toilet. The prospectus is fortified by alleged extracts from the forthcoming volume. Among the lesions described are "perforating ulcer of the sock," "false passages of the vest," "hairy mole of the shirt-cuff," "idiopathic atrophy of the pajamas," "sloughing of the posterior foramen of the collar-band," and "prolapsus trouseri," while a further chapter is said to be devoted to affections peculiar to evening dress, such as "Addison's disease of the shirt-front," "madura pump," and "inoperable volvulus of the necktie." The causation of false passage of the vest is described thus: "The head, being hurriedly thrust into the garment, lacerates the fabric, and emerges through the posterior wall of the axilla instead of through the cervical canal." "The best treatment is prolonged rest in bed." With regard to perforating ulcer of the sock, "treatment by simple suture or the purse-string ligature is not to be recommended. Each perforation must be carefully grafted by an expert."—*Medical Standard.*

MIGHTY NEAR ENDING HIS PAIN.

About 9:30 p. m., December 2d, I was called to see Mr. E., whom I found breathing heavily, lips cyanotic, pulse 40, and easily compressible. Upon inquiry, I found that he had been suffering with a severe headache, and a friend had given him some of "Dr. Miles' Anti-Pain Pills"; he took one at 11 a. m., and another about 5 p. m. of the same day. With the administration of heart stimulants he soon rallied. —M. K. W., Albuquerque.

A Reasonable Inference.

A lady and her little daughter were walking through a fashionable street when they came to a portion strewn with straw, so as to deaden the noise of vehicles passing a certain house. "What is that for, ma?" said the child, to which the mother replied: "The lady who lives in that house has had a little baby girl sent her." The child thought a moment, looked at the quantity of straw, and said: "Awfully well packed, wasn't she, ma?"—Ex.

RENAL TUBERCULOSIS.

L. Freeman, Denver, (*Journal A. M. A.,* December 22), remarks that the old notion that renal tuberculosis was secondary to that of the bladder is now exploded and its hematogenous origin is very generally recognized. This view, supported by clinical experience, is also supported by the experimental findings of Baumgarten that tuberculosis infection in the genitourinary system follows the flow of the secretions, from the testicles to the prostrate and from the kidneys to the bladder. Real tuberculosis is generally at first unilateral, and in spite of the fact that it may occasionally become latent for longer or shorter periods, its usual course is progressive, and experience has demonstrated that early nephrectomy, before involvement of the bladder occurs, is the best treatment for unilateral renal tuberculosis, provided the general condition of the patient permits. The existence of tuberculosis elsewhere, if not too far advanced, is not a contraindication; even bad cases of vesical tuberculosis may improve or recover after operation, as has frequently occurred in Freeman's experience. It should be remembered, too, that the tuberculous disease of the bladder is often only apparent, as a reflex from the kidney or the result of irritat-

ing discharges. The on essential to be kept in view is that the other kidney must be sound, both as to function and tuberculosis, and an occasional exploratory lumbar incision may be required, though as a rule this is ascertainable by other well-known methods. The weight of authority is against partial nephrectomy, and nephrotomy is never indicated except to relieve suffering in case of nephrectomy is impossible. It can not cure, and almost always leaves a troublesome urinary sinus. The removal of the ureter is not ordinarily indicated. If sinuses result they usually heal after nephrectomy. Fourteen cases are reported and discussed.

TUBERCULOSIS SANITARIA.

The effect of tuberculosis sanitaria on the value of surrounding property forms the subject of a paper by W. H. Baldwin, Washingto, D. C., in *The Journal A. M. A.*, December 22. He discusses the general subject of institutions in their effect on the surrounding values and gives the result of an inquiry based on a correspondence with 59 of the largest sanitaria in the country. A series of questions was sent out covering the factors that might be active, such as the location, capacity, time established, nature of buildings, quantity of land, class of patients received distance on which effect on values was appreciable, etc. From the answers received it would appear that in 58 per cent of the instances, adjoining values had increased, accompanied in 17 per cent by a change for the better in the purposes for which the land was used. In 35 per cent there was no change, and in 7 per cent a depreciation of adjoining values was admitted. In 37 of the 59 institutions reporting, there had been no opposition at any time on the part of the community, in 14 there had been opposition which had disappeared, in 5 there was still opposition to the institution. Of course the complexity of the question is recognized, and it can not be determined whether the institution or other cause is responsible for certain effects. The most striking good effect undoubtedly due to the institution is shown by the Adirondack Cottage Sanitarium, where the increase of its popularity and of the prosperity of the surrounding population has been very markedly noticeable. Similar reports come from Liberty, N. Y., Rutland, Mass., Gravenhurst, Ont., and elsewhere. It would appear that the opposition is comparatively a recent thing, as a number of striking instances here referred to indicate. Such prejudices deserve consideration and needless interference with values should be avoided, though experience has shown that there is absolutely no danger in a well-conducted sanatorium. A wise policiy in the projectors and conductors of such will make them a recognized direct benefit to the community.

TETANUS NEONATORUM

In a second article (*Journal A. M. A.*, Dec. 22), reporting the results of their statistical study in addition to the one published in *The Journal A. M. A.*, July 29, 1905, page 314, J. M. Anders and A. C. Morgan, Philadelphia, call attention to the wide distribution of infantile tetanus, its special frequency among negroes noticed by southern physicians and the terrible infectiousness of the disorder in local epidemics. They dive the results of a wide personal correspondence with physicians in all parts of the country and a number of interesting details. They say that in the light of our accurate scientific

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knowledge of this disease, the necessity of absolute asepsis in confinement cases, and especially in the care of the cord, should be insisted on. To this end the registration of midwives should be required by law. The medical colleges should give more attention to the subject and instructions as to the simple methods of prevention should be sent out by boards of health, charity societies, etc.

ETIOLOGY OF SOCIAL EVIL.

C. Chassaignac, New Orleans (*Journal A. M. A.*, Dec. 22), finds the causes of the social evil in the abnormal conditions induced by civilized life; the delayed period of marriage, the neglect of the laws of natural selection and the generally unnatural sexual life encouraged by civilized conditions. While admitting that continence is not incompatible with health, he believes that the individual is not absolutely in his normal state when unable normally to indulge his sexual impulses to a reasonable extent. The civilization of today leads us, he says, to live abnormal and unnatural lives as regards sexual matters, and that is the reason for the existence of the social evil.

Vermiform Still Busy.

Harris—They tell me you have had a very narrow escape from death.

Spurr—Yes; they were going to operate upon me for appendicitis, but they discovered in time that I hadn't the money to pay for it.—Life.